

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

FILED  
May 14 1998 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P00621 (3)  
1. Corporation Name  
EQUITABLE SERVICE CORPORATION

Principal Place of Business  
1100 W. McNAB ROAD  
% CORPORATE ACCT  
FT. LAUDERDALE FL 33309

Mailing Address  
401 N TRYON ST  
%CORPORATE TAX  
CHARLOTTE NC 28255  
US



DO NOT WRITE IN THIS SPACE

2. 401 N TRYON ST NC1-021-03-09 21 CHARLOTTE NC 28255		2a. Mailing Address		3. Date Incorporated or Qualified 01/18/1984	
22 City & State		26 Suite, Apt. #, etc.		4. FEI Number 31-0842208	
23 Zip		27 City & State		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
24 Country		28 Zip		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
25 Country		29 Country		8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	
9. Name and Address of Current Registered Agent CAMNER, ALFRED 1221 BRICKELL AVENUE - 25TH FLOOR 999 BRICKELL AVE. #400 MIAMI FL 33131				10. Name and Address of New Registered Agent	
				81 Name	
				82 Street Address (P.O. Box Number is Not Acceptable)	
				83	
				84 City	
				85 Zip Code	

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

Signature: typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	DP	<input type="checkbox"/> DELETE		1.1 TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	SINK, ADELADE A.			1.2 NAME			
STREET ADDRESS	400 N ASHLEY DR		401 N TRYON ST NC1-021-03-09	1.3 STREET ADDRESS			
CITY-ST-ZIP	TAMPA FL		CHARLOTTE NC 28255	1.4 CITY-ST-ZIP			
TITLE	DV	<input type="checkbox"/> DELETE		2.1 TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	MALLARD, LARRY W.			2.2 NAME			
STREET ADDRESS	400 ASHLEY DR			2.3 STREET ADDRESS			
CITY-ST-ZIP	TAMPA FL			2.4 CITY-ST-ZIP			
TITLE	DV	<input type="checkbox"/> DELETE		3.1 TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	LOWMAN, RITA J.			3.2 NAME			
STREET ADDRESS	100 N TAMPA ST			3.3 STREET ADDRESS			
CITY-ST-ZIP	TAMPA FL			3.4 CITY-ST-ZIP			
TITLE	V	<input checked="" type="checkbox"/> DELETE		4.1 TITLE	SVP	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
NAME	BAILEY, JAMES T.			4.2 NAME	Williams, Gary S.		
STREET ADDRESS	1100 W McNAB RD			4.3 STREET ADDRESS			
CITY-ST-ZIP	FT. LAUDERDALE FL			4.4 CITY-ST-ZIP			
TITLE	V	<input checked="" type="checkbox"/> DELETE		5.1 TITLE	Sec		
NAME	MULCAHY, MICHAEL J.			5.2 NAME	Lucas, Mary Ann		
STREET ADDRESS	600 PEACHTREE ST, NE			5.3 STREET ADDRESS			
CITY-ST-ZIP	ATLANTA GA			5.4 CITY-ST-ZIP			
TITLE	V	<input checked="" type="checkbox"/> DELETE		6.1 TITLE	V	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
NAME	NEWMAN, SUSAN MAYS			6.2 NAME	Locke, Janet		
STREET ADDRESS	101 S TRYON ST			6.3 STREET ADDRESS			
CITY-ST-ZIP	CHARLOTTE NC			6.4 CITY-ST-ZIP			

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath, that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

CR2E034 (10/97)